

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

31P
(15)

PLAINTIFF <i>Kevin Smith</i>	COURT CASE NUMBER <i>07-3644-PMO-BN</i>
DEFENDANT <i>Shirley Lane</i>	TYPE OF PROCESS

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Shirley Lane, KCT</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>4344 Broad River Rd, Colg, SC 29260</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <i>Kevin Smith, KCT 4344 Broad River Rd Colg, SC 29260</i>	Number of process to be served with this Form - 285	08 FEB 26 AM 9:07
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

RECEIVED 2008 FEB 19 PM 1:21 UNITED STATES MARSHALS COLUMBIA, SC	Signature of Attorney or Other Originator requesting service on behalf of: <i>Amber Hef</i> <i>Obi Keni Smith</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>94</i>	DATE <i>2/4/08</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin <i>71</i>	District to Serve <i>71</i>	Signature of Authorized USMS Deputy or Clerk <i>P. Hef</i>	Date <i>2/6/08</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>[Signature]</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <i>2/15/08</i>
	Time <i>11:15</i> am <i>pm</i>
	Signature of U.S. Marshal or Deputy <i>[Signature]</i> <i>2635</i>

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>45.00</i>	Advance Deposits	Amount owed to U.S. Marshal or <i>45.00</i>	Amount of Refund
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REMARKS:

*1 DUSM
Start 10:45 End 11:45
Mileage on Process # 9
Served on Tina Killeff with some legal*

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

cc

[Signature]